

Chapter 2: Mental Health and Mental Illness Test Bank

MULTIPLE CHOICE

1. A nurse explains multi-axial diagnoses to a psychiatric technician. Which information is accurate?

a.	It is a template for treatment planning.
b.	Nursing and medical diagnoses are included.
c.	Assessments of several aspects of functioning are included.
d.	It incorporates the framework of a specific biopsychosocial theory.

ANS: C

The use of five axes requires an assessment beyond the diagnosis of a mental disorder and includes relevant medical conditions, psychosocial and environmental problems, and global assessment of functioning. The *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition, text revision) (DSM-IV-TR) is not a template for treatment planning and does not use a specific biopsychosocial theory. Nursing diagnoses are not included in multi-axial diagnoses.

DIF: Cognitive Level: Comprehension REF: Page: 18
 TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

2. Which documentation of diagnosis would a nurse expect for a person with mental illness?

a.	I Rheumatoid arthritis II 100 III Posttraumatic stress disorder IV Arrested for shoplifting 2 months earlier V None
b.	I Mental retardation II Histrionic personality disorder III 75 IV Hypertension V Home destroyed by tornado last year
c.	I Schizophrenia, paranoid II Death of spouse last year III 40 IV None V Alcohol abuse

d.	I Generalized anxiety disorder II Avoidant personality disorder III Fibromyalgia IV Declared bankruptcy 6 months ago V 60
----	---

ANS: D

The option beginning with a diagnosis of generalized anxiety disorder places a clinical disorder on Axis I, a personality disorder on Axis II, a medical problem on Axis III, a psychosocial problem on Axis IV, and global assessment of functioning (GAF) on Axis V. The other options misplace and incorrectly order the clinical data.

DIF: Cognitive Level: Application

REF: Page: 18

TOP: Nursing Process: Assessment

MSC: NCLEX: Safe, Effective Care Environment

3. A patient is admitted to the psychiatric hospital for assessment and evaluation. Which assessment finding best indicates that the patient has a mental illness? The patient:

a.	describes coping and relaxation strategies used when feeling anxious.
b.	describes mood as consistently sad, discouraged, and hopeless.
c.	can perform tasks attempted within the limits of own abilities.
d.	reports occasional problems with insomnia.

ANS: B

A patient who reports having a consistently negative mood is describing a mood alteration. The incorrect options describe mentally healthy behaviors and common problems that do not indicate mental illness.

DIF: Cognitive Level: Application

REF: Page: 19

TOP: Nursing Process: Assessment

MSC: NCLEX: Psychosocial Integrity

4. The goal for a patient is to increase resiliency. Which outcome should a nurse add to the plan of care? Within 3 days, the patient will:

a.	describe feelings associated with loss and stress.
b.	meet own needs without considering the rights of others.
c.	identify healthy coping behaviors in response to stressful events.
d.	allow others to assume responsibility for major areas of own life.

ANS: C

The patient's ability to identify healthy coping behaviors indicates adaptive, healthy behavior and demonstrates an increased ability to recover from severe stress. Describing feelings associated with loss and stress does not move the patient toward adaptation. The remaining options are maladaptive behaviors.

DIF: Cognitive Level: Analysis REF: Page: 14
 TOP: Nursing Process: Outcomes Identification
 MSC: NCLEX: Psychosocial Integrity

5. A nurse at a behavioral health clinic sees an unfamiliar psychiatric diagnosis on a patient's insurance form. Which resource should the nurse consult to discern the criteria used to establish this diagnosis?

a.	DSM-IV-TR
b.	<i>Nursing Diagnosis Manual</i>
c.	A psychiatric nursing textbook
d.	A behavioral health reference manual

ANS: A

The DSM-IV-TR gives the criteria used to diagnose each mental disorder. The *Nursing Diagnosis Manual* focuses on nursing diagnoses. A psychiatric nursing textbook or behavioral health reference manual may not contain diagnostic criteria.

DIF: Cognitive Level: Application REF: Page: 14|Page: 17
 TOP: Nursing Process: Analysis| Nursing Process: Diagnosis
 MSC: NCLEX: Safe, Effective Care Environment

6. A nurse must assess several new patients at a community mental health center. Conclusions concerning current functioning should be made on the basis of:

a.	the degree of conformity of the individual to society's norms.
b.	the degree to which an individual is logical and rational.
c.	a continuum from mentally healthy to unhealthy.
d.	the rate of intellectual and emotional growth.

ANS: C

Because mental health and mental illness are relative concepts, assessment of functioning is made by using a continuum. Mental health is not based on conformity; some mentally healthy individuals do not conform to society's norms. Most individuals occasionally display illogical or irrational thinking. The rate of intellectual and emotional growth is not the most useful criterion to assess mental health or mental illness.

DIF: Cognitive Level: Application REF: Pages: 13-14
 TOP: Nursing Process: Diagnosis| Nursing Process: Analysis
 MSC: NCLEX: Psychosocial Integrity

7. A 40-year-old adult living with parents states, "I'm happy but I don't socialize much. My work is routine. When new things come up, my boss explains them a few times to make sure I understand. At home, my parents make decisions for me, and I go along with them." A nurse should identify interventions to improve this patient's:

a.	self-concept.
b.	overall happiness.
c.	appraisal of reality.
d.	control over behavior.

ANS: A

The patient feels the need for multiple explanations of new tasks at work and, despite being 40 years of age, allows both parents to make all decisions. These behaviors indicate a poorly developed self-concept.

DIF: Cognitive Level: Application
Planning

REF: Pages: 12-14 TOP: Nursing Process:

MSC: NCLEX: Psychosocial Integrity

8. A patient tells a nurse, "I have psychiatric problems and am in and out of hospitals all the time. Not one of my friends or relatives has these problems." Select the nurse's best response.

a.	"Comparing yourself with others has no real advantages."
b.	"Why do you blame yourself for having a psychiatric illness?"
c.	"Mental illness affects 50% of the adult population in any given year."
d.	"It sounds like you are concerned that others don't experience the same challenges as you."

ANS: D

Mental illness affects many people at various times in their lives. No class, culture, or creed is immune to the challenges of mental illness. The correct response also demonstrates the use of reflection, a therapeutic communication technique. It is not true that mental illness affects 50% of the population in any given year. Asking patients if they blame themselves is an example of probing.

DIF: Cognitive Level: Application

REF: Pages: 14-15

TOP: Nursing Process: Implementation

MSC: NCLEX: Psychosocial Integrity

9. A critical care nurse asks a psychiatric nurse about the difference between a DSM-IV-TR diagnosis and a nursing diagnosis. Select the psychiatric nurse's best response.

a.	“No functional difference exists between the two diagnoses. Both serve to identify a human deviance.”
b.	“The DSM-IV-TR diagnosis disregards culture, whereas the nursing diagnosis includes cultural variables.”
c.	“The DSM-IV-TR diagnosis profiles present distress or disability, whereas a nursing diagnosis considers past and present responses to actual mental health problems.”
d.	“The DSM-IV-TR diagnosis influences the medical treatment; the nursing diagnosis offers a framework to identify interventions for problems a patient has or may experience.”

ANS: D

The medical diagnosis is concerned with the patient’s disease state, causes, and cures, whereas the nursing diagnosis focuses on the patient’s response to stress and possible caring interventions. Both the DSM-IV-TR and a nursing diagnosis consider culture. The DSM-IV-TR is multiaxial. Nursing diagnoses also consider potential problems.

DIF: Cognitive Level: Application REF: Page: 17|Pages: 21-22
TOP: Nursing Process: Implementation MSC: NCLEX: Safe, Effective Care Environment

10. A nurse finds a new patient uncommunicative about recent life events. The nurse suspects marital and economic problems. The social worker’s assessment is not available. The most effective action the nurse can take is to:

a.	ask the patient who shares a room with him or her.
b.	consult Axis IV of the DSM-IV-TR in the medical record.
c.	focus questions on the topics of marital and economic issues.
d.	delay discussion of these topics until the social worker’s assessment is available.

ANS: B

The physician’s admission note identifies psychosocial and environmental problems on Axis IV pertinent to the patient’s situation, providing another source of information for the nurse. Asking the patient who shares a room with him or her violates patient privacy rights. Persistent questioning may cause the patient to withdraw. Delaying the discussion until the social worker’s assessment is available is not an effective solution.

DIF: Cognitive Level: Application REF: Page: 18

TOP: Nursing Process: Assessment

MSC: NCLEX: Safe, Effective Care Environment

11. A newly admitted patient is profoundly depressed, mute, and motionless. The patient has refused to bathe and eat for a week. Which score would be expected on the patient's global assessment of functioning?

a.	100
b.	80
c.	50
d.	10

ANS: D

The patient is unable to maintain personal hygiene, oral intake, or verbal communication. The patient is dangerous to self because of the potential for starvation. A GAF score of 100 indicates high-level functioning. A score of 80 or 50 suggests higher functional abilities than the patient presently displays.

DIF: Cognitive Level: Analysis

REF: Page: 19

TOP: Nursing Process: Assessment

MSC: NCLEX: Psychosocial Integrity

12. The spouse of a patient with schizophrenia says, "I don't understand why childhood experiences have anything to do with this disabling illness." Select the nurse's response that will best help the spouse understand this condition.

a.	"Psychological stress is actually at the root of most mental disorders."
b.	"We now know that all mental illnesses are the result of genetic factors."
c.	"It must be frustrating for you that your spouse is sick so much of the time."
d.	"Although this disorder more likely has a biological rather than psychological origin, the support and involvement of caregivers is very important."

ANS: D

Many of the most prevalent and disabling mental disorders have been found to have strong biological influences. Helping the spouse understand the importance of his or her role as a caregiver is also important. Empathy is important but does not increase the spouse's level of knowledge about the cause of the patient's condition. Not all mental illnesses are the result of genetic factors. Psychologic stress is not at the root of most mental disorders.

DIF: Cognitive Level: Application

REF: Pages: 15-16

TOP: Nursing Process: Implementation

MSC: NCLEX: Health Promotion and Maintenance

13. Which belief by a nurse supports the highest degree of patient advocacy during a multidisciplinary patient care planning session?

a.	All mental illnesses are culturally determined.
b.	Schizophrenia and bipolar disorder are cross-cultural disorders.
c.	Symptoms of mental disorders are constant from culture to culture.
d.	Some symptoms of mental disorders reflect a person's cultural patterns.

ANS: D

A nurse who understands that a patient's symptoms are influenced by culture will be able to advocate for the patient to a greater degree than a nurse who believes that culture is of little relevance. All mental illnesses are *not* culturally determined. Schizophrenia and bipolar disorder are cross-cultural disorders, but this understanding has little relevance to patient advocacy. Symptoms of mental disorders change from culture to culture.

DIF: Cognitive Level: Application REF: Pages: 21-22 TOP: Nursing Process: Planning
MSC: NCLEX: Safe, Effective Care Environment

14. A patient's history shows intense and unstable relationships with others. The patient initially idealizes an individual and then devalues the person when the patient's needs are not met. Which aspect of mental health is a problem?

a.	Effectiveness in work
b.	Communication skills
c.	Productive activities
d.	Fulfilling relationships

ANS: D

The information provided centers on relationships with others, which are described as intense and unstable. The relationships of mentally healthy individuals are stable, satisfying, and socially integrated. Data are not present to describe work effectiveness, communication skills, or activities.

DIF: Cognitive Level: Application REF: Pages: 12-13
TOP: Nursing Process: Assessment MSC: NCLEX: Psychosocial Integrity

15. In the majority culture of the United States, which individual is at greatest risk to be incorrectly labeled mentally ill?

a.	Person who is usually pessimistic but strives to meet personal goals
b.	Wealthy person who gives \$20 bills to needy individuals in the community
c.	Person with an optimistic viewpoint about life and getting his or her own needs met

d.	Person who attends a charismatic church and describes hearing God's voice
----	---

ANS: D

Hearing voices is generally associated with mental illness; however, in charismatic religious groups, hearing the voice of God or a prophet is a desirable event. In this situation, cultural norms vary, making it more difficult to make an accurate DSM-IV-TR diagnosis. The individuals described in the other options are less likely to be labeled as mentally ill.

DIF: Cognitive Level: Application
TOP: Nursing Process: Assessment

REF: Pages: 21-22
MSC: NCLEX: Psychosocial Integrity

16. A psychiatric nurse addresses Axis I of the DSM-IV-TR as the focus of care but also considers the presence of other long-term, nonmedical disorders that may affect treatment. To which axis should the nurse refer for this information?

a.	II
b.	III
c.	IV
d.	V

ANS: A

Axis II refers to personality disorders and mental retardation. Together, Axis I and Axis II constitute the classification of abnormal behavior diagnosed in the individual. Axis III indicates any relevant general medical conditions. Axis IV reports psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis. Axis V is the GAF score.

DIF: Cognitive Level: Comprehension
TOP: Nursing Process: Planning
MSC: NCLEX: Safe, Effective Care Environment

17. A mentally ill person's current global assessment of functioning (GAF) score is 10. Select the nurse's highest priority related to this patient's care.

a.	Safety
b.	Hygiene
c.	Nutrition
d.	Socialization

ANS: A

This low GAF score indicates a consistent risk for self-harm exists; therefore the nurse's highest priority is safety.

DIF: Cognitive Level: Analysis
TOP: Nursing Process: Planning

REF: Pages: 21-22

MSC: NCLEX: Safe, Effective Care Environment

18. A participant at a community education conference asks, “What is the most prevalent mental disorder in the United States?” Select the nurse’s best response.

a.	“Why do you ask?”
b.	“Schizophrenia”
c.	“Affective disorders”
d.	“Anxiety disorders”

ANS: D

The prevalence for schizophrenia is 1.1% per year. The prevalence of all affective disorders (e.g., depression, dysthymia, bipolar) is 9.5%. The prevalence of anxiety disorders is 13.3%.

DIF: Cognitive Level: Comprehension REF: Page: 15
 TOP: Nursing Process: Implementation MSC: NCLEX: Health Promotion and Maintenance

19. A nurse wants to find a description of diagnostic criteria for a person with schizophrenia. Which resource should the nurse consult?

a.	U.S. Department of Health and Human Services
b.	<i>Journal of the American Psychiatric Association</i>
c.	North American Nursing Diagnosis Association (NANDA) International
d.	DSM-IV-TR

ANS: D

The DSM-IV-TR identifies diagnostic criteria for psychiatric diagnoses. The other sources have useful information but are not the best resources for finding a description of the diagnostic criteria for a psychiatric disorder.

DIF: Cognitive Level: Application REF: Page: 13|Page: 18
 TOP: Nursing Process: Analysis| Nursing Process: Diagnosis
 MSC: NCLEX: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. A patient asks a nurse, “The pamphlet I read about depression says psychosocial factors influence depression. What does that mean?” Which examples could the nurse cite to support the information? *Select all that apply.*

a.	Having a hostile family
b.	Having an over- or underinvolved family
c.	Having two first-degree relatives with bipolar disorder
d.	Experiencing the sudden death of a parent or loved one

e.	Feeling strong guilt over having an abortion when one's religion forbids it
f.	Experiencing symptom remission when treated with an antidepressant medication

ANS: A, B, D, E

Family influence is considered a psychosocial factor affecting a patient's mental health. A hostile under- or overinvolved family is critical of the patient and contributes to low self-esteem. Religious influences are considered psychosocial in nature. Life experiences, especially crises and losses, are considered psychosocial influences on mental health. Having two first-degree relatives with bipolar disorder would be considered a factor that influences the individual's risk for mental disorder, but it is a genetic, not psychosocial, factor. Treatment with a biological agent such as an antidepressant medication is an example of a biological influence.

DIF: Cognitive Level: Application REF: Page: 18
TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

2. A patient in the emergency department reports, "I hear voices saying someone is stalking me. They want to kill me because I found the cure for cancer. I will stab anyone that threatens me." Which aspects of mental health have the greatest immediate concern to a nurse? *Select all that apply.*

a.	Happiness
b.	Appraisal of reality
c.	Control over behavior
d.	Effectiveness in work
e.	Healthy self-concept

ANS: B, C, E

The aspects of mental health of greatest concern are the patient's appraisal of and control over behavior. The patient's appraisal of reality is inaccurate, and auditory hallucinations are evident, as well as delusions of persecution and grandeur. In addition, the patient's control over behavior is tenuous, as evidenced by the plan to "stab" anyone who seems threatening. A healthy self-concept is lacking. Data are not present to suggest that the other aspects of mental health (happiness and effectiveness in work) are of immediate concern.

DIF: Cognitive Level: Application REF: Page: 12
TOP: Nursing Process: Assessment MSC: NCLEX: Safe, Effective Care Environment

3. Which statements most clearly reflect the stigma of mental illness? *Select all that apply.*

a.	"Many mental illnesses are hereditary."
b.	"Mental illness can be evidence of a brain disorder."

c.	“People claim mental illness so they can get disability checks.”
d.	“If people with mental illness went to church, they would be fine.”
e.	“Mental illness is a result of the breakdown of the American family.”

ANS: C, D, E

Stigma is represented by judgmental remarks that discount the reality and validity of mental illness. Many mental illnesses are genetically transmitted. Neuroimaging can show changes associated with some mental illnesses.

DIF: Cognitive Level: Analysis

REF: Pages: 18-19

TOP: Nursing Process: Implementation

MSC: NCLEX: Safe, Effective Care Environment